

**U.S. Mail, Hand Delivery or Overnight Express:****Fax:****Questions RFP 01-16170**

Department of Health Services  
Office of Medi-Cal Procurement  
Attn. Nathan Greve  
600 North 10<sup>th</sup> Street, Suite 240 C  
P.O. Box 942732  
Sacramento, CA 94234-7320

**Questions RFP 01-16170**

Department of Health Services  
Office of Medi-Cal Procurement  
Attn. Nathan Greve

**Fax:** (916) 323-7456

Proposers submitting inquiries by fax are responsible for confirming the receipt of all faxed materials by the question deadline.

Call the Office of Medi-Cal Procurement at (916) 323-7406 and State that you wish to confirm your faxed transmissions.

**Proposer Warning**

DHS' internal processing of U.S. mail may add up to 48 hours to the delivery time. If you mail your [appointment request questions](#), consider using certified, registered or express mail.

**Request a return receipt confirming the delivery date and the time of delivery.** If you choose to hand deliver your appointment request, allow sufficient time to locate parking and sign-in at the security desk.

For driving and parking instructions, See Appendix 1.

**5. Verbal Questions**

Because verbal inquiries are easily misinterpreted, you are **highly encouraged** to submit all inquiries in writing. Verbal questions will be taken prior to and at the bidder's conference. However, DHS reserves the right not to accept or respond to verbal inquiries that may lead to confusion or be deemed inappropriate for response. **Spontaneous verbal remarks provided in response to verbal inquiries are unofficial and are not binding on DHS unless later confirmed in writing.**

**No inference should be drawn from any question the Department does not respond to in writing.**

**E. Data Library**

A Data Library for the sole use of Proposers will be established on July 5, 2002. The Data library will be accessible by appointment on State working days Monday through Friday from 8:00 a.m. to 12:00 p.m. (noon), and 1:00 p.m. to 4:00 p.m. Access to the Data Library is restricted to authorized Proposers and/or their authorized representatives who have established an advance appointment through the process described below. Your organization must have a complete, signed set of Authorization Documents on file with the Office of Medi-Cal Procurement. The

Health Services will be required before materials can be released.

The Data Library is also available electronically and may be copied to a CD-R for your use. The Department strongly encourages Proposers to use this medium to obtain copies of Data Library documents. Please contact Nathan Greve at (916) 323-7406 for details on obtaining a CD-R copy of the Data Library materials.

## F. Pre-Proposal Conference

DHS will conduct a voluntary Pre-Proposal Conference in the city of Sacramento, California on August 6, 2002 beginning at 10:00 AM at the following location:

714 P Street, 1<sup>st</sup> Floor Auditorium  
Sacramento, California

Prospective Proposers that intend to submit a proposal are encouraged to attend the voluntary Pre-Proposal Conference. Any prospective Proposer wishing to attend the Pre-Proposal Conference is advised that the conference will start at promptly ~~10:00 a.m~~ 1:00 pm. DHS reserves the right not to repeat information for participants that join the conference after it has begun.

If a potential prime Contractor is unable to attend the voluntary Pre-Proposal Conference, an authorized representative of its choice may attend on its behalf. The representative may only sign-in for one potential prime Contractor. Subcontractors may represent a potential prime Contractor at the voluntary Pre-Proposal Conference.

The purpose of the conference is to:

1. Allow prospective Proposers to ask questions about the services sought or RFP requirements and/or instructions.
2. Share the answers to general questions and inquiries received before and during the conference.

**Spontaneous verbal remarks provided in response to questions/inquiries are unofficial and are not binding on DHS unless later confirmed in writing.**

Carefully review this RFP before the conference date to familiarize yourself with the qualification requirements, Scope of Work and proposal content requirements. Prospective Proposers are encouraged to have their copy of this RFP available for viewing during the conference.

Refer to the RFP section entitled, "Proposer Questions" for instructions on how to submit written questions and inquiries before the conference date.

After the conference, DHS will provide written answers confirming and addressing all appropriate questions gathered before the conference or in response to oral or written questions taken at the conference. Oral answers to questions discussed at the conference are not binding on the Department unless confirmed in writing. To the extent practical, inquiries shall remain as submitted. However, the Department reserves the right to identify and group questions that may

- a. Company Name
- b. Attention to Name (If appropriate.)
- c. Address
- d. E-mail Address
- e. Phone Number
- f. Fax number

Letters of Intent will not become public information until after the final date for submission of proposals.

### 3. Submitting a Letter of Intent

The Voluntary Letter of Intent must be received by **4:00 p.m. on July 23, 2002.**

Submit the Letter of Intent using one of the following methods.

**U.S. Mail, Hand Delivery or  
Overnight Express:**

**Letter of Intent RFP 01-16170**  
Department of Health Services  
Office of Medi-Cal Procurement  
Nathan D. Greve  
600 North 10th Street, Suite 240 C  
P.O. Box 942732  
Sacramento, CA 94234-7320

**Fax:**

**Letter of Intent RFP 01-16170**  
Department of Health Services  
Office of Medi-Cal Procurement  
Attn. Nathan D. Greve

**Fax:** (916) 323-7456

Proposers transmitting a Letter of Intent by fax are responsible for confirming the receipt of the faxed Letter of Intent by the stated deadline.

Call the Office of Medi-Cal Procurement at (916) 323-7406 to confirm faxed transmissions.

#### **Proposer Warning**

DHS' internal processing of U.S. mail may add up to 48 hours to the delivery time. If you mail your ~~appointment request~~ [Letter of Intent](#), consider using certified, registered or express mail.

**Request a return receipt confirming the delivery date and the time of delivery.** If you choose to hand deliver your appointment request, allow sufficient time to locate parking and sign-in at the security desk.

For driving and parking instructions, See Appendix 1.

## **I. Scope of Work**

See Exhibit A entitled, "Scope of Work" that is included in the Sample Contract Forms and Exhibits section of this RFP. Exhibit A contains a detailed description of the services and work to be performed as a result of this procurement.

conflict. A proposer or Contractor with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by the State to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by the State and the conflict cannot be resolved or mitigated to the satisfaction of [the State](#), before or after the award of the contract, the conflict will be grounds for rejection of the proposal or termination for default of the contract.

- f. The term "Interest" for purposes of conflict of interest shall include any ownership of a partnership, S Corporation, Limited Liability Corporation, or Interest or ownership of stock in closely held corporation which holds an ownership position in a managed care plan. An "Interest" shall also be evidenced by any loan; corporate, personal, secured or unsecured, between a Managed Care Plan or its affiliates and a party or related party to this contract.
- g. The term "Contractor" for purposes of conflict of interest includes the Proposer/Contractor and Subcontractors, including the employees, officers and directors of these entities.

The term "Subcontractor" for purposes of conflict of interest is limited to those individuals or entities who contract with the Contractor/Proposer to perform any part of the Scope of Work in [RFP Section H Exhibit A, entitled Scope of Work](#).

- ~~h. Any form of ownership or Interest held through the ownership of a publicly trade mutual fund shall not be deemed a conflict of interest solely on the basis mutual fund ownership. Ownership of publicly traded stock by Contractor, in a corporation which owns or controls a Managed Care Plan or its affiliates should be reported if the stock ownership is at least five percent of the outstanding stock in the corporation.~~
- h. The contracting firm understands that, any instance of potential conflict of interest **MUST** be reported to the State when discovered to exist at anytime before or during the contract including extension periods, if any.

## 8. Insurance

- a. The Contractor shall furnish to the State a Certificate of Insurance stating that there is Comprehensive General Liability Insurance [CGL] presently in effect for the Contractor with a Combined Single Limit [CSL] of not less that one million dollars [\$1,000,000.] per occurrence for bodily injury and property liability combined.
  - 1) The Certificate of Insurance shall provide:
    - a) that the insurer will not cancel the insured's coverage without thirty [30] days written notice to DHS;
    - b) that DHS, its officers, agents, employees, and servants are included as additional insured but only insofar as the operations under this contract are concerned; and
    - c) that DHS will not be responsible for any premiums or assessments on the policy.

based on recent work (~~within the last three (3) years~~) in this area and should have occurred within the past five years. Please describe the experience your firm or your subcontractor has in conducting:

- a) HEDIS® audits as prescribed by the NCQA.
  - b) CAHPS® surveys as prescribed by the NCQA.
  - c) Surveying populations with limited English proficiency.
  - d) The evaluation of health plan quality improvement projects.
    - i. The development and evaluation of performance measures.
    - ii. The analysis of performance measurement results.
  - e) The coordination and facilitation of the work of committees, task forces and work groups of varying organizations in pursuit of a common goal, report or objective.
  - f) Work within the medical and/or insurance industries in a consultative position to managed care plans, medical groups or medical insurance providers.
  - g) Comparative analysis of health plan performance across a spectrum of measures, including clinical, service- related, financial and contractual.
  - h) The coordination and facilitation of regional or national conferences.
  - i) Any additional experiences or abilities that you feel enhance the value of your firm to conduct of this contract.
- 3) Briefly, describe the accounts or work projects begun and/or completed in the past three years that involved services similar in nature or closely related to the Scope of Work in this RFP. For each account or project listed, include the following information:
- a) Name of agency or firm for whom services were performed;
  - b) Contact person;
  - c) Duration or length of the project;
  - d) Total cost or value of the project;
  - e) Indicate if the account or project is “active/open” or “closed/settled”;
  - f) Describe briefly the type and nature of the services you performed.
- 4) Provide a copy of a recent report or portion of a recent report produced by your firm as a sample of your writing style and presentation. The sample should be no less than eight (8) pages and no more than ten (10) pages of written documentation. The attachment of graphs, diagrams or other visual presentations which are related to the written documentation may be provided and are encouraged. Do not count any visual attachment toward the total written pages requested. Please limit any visual

- a) If employee recruitment/selection policies or procedures are present in an operations manual, you may cite excerpts from such manuals. Do not simply indicate that such policies exist and do not attach copies of any policies or manuals to your proposal. If deemed necessary, DHS may request copies of your existing manuals or policies.
- 3) Briefly, describe the processes or procedures that you will use to ensure that vacancies are filled expeditiously and that services are continued despite the presence of vacancies.
- 4) If subcontractors (including independent consultants) will be used to perform contract services, proposers must do the following at the time of proposal submission:
  - a) Indicate if you have pre-identified any firms/persons to perform the work or if you will recruit them later.
    - i. For each pre-identified subcontractor and independent consultant include:
      - A. Full legal name.
      - B. A brief description of the major duties and functional responsibilities that you intend to assign to the subcontracted firm or independent consultant.
      - C. A brief explanation as to why you chose the subcontracted firm or independent consultant. Stress things such as applicable skills, knowledge, capabilities, past experience or accomplishments, availability, reasonableness of rates, notoriety in a field or specialty, etc.
      - D. A resume for each pre-identified subcontractor and independent consultant. **Place all subcontractor and/or consultant resumes in the Appendix section.** To the extent possible, resumes should not include personal information such as a social security number, home address, home telephone number, marital status, sex, birth date, age, etc.
      - E. A letter of agreement, signed by an official representative of each subcontracted firm or independent consultant. **Place all subcontractor and/or consultant letters of agreement in the Appendix section.**

Specific subcontractor and/or independent consultant relationships proposed in response to this RFP (i.e., identification of pre-identified subcontractors and independent consultants) shall not be changed during the procurement process or prior to contract execution. The pre-identification of a subcontractor or independent consultant does not affect DHS' right to approve personnel or staffing selections or changes made after the contract award.
    - ii. For subcontractors and/or independent consultants that cannot be identified when the proposal is submitted to DHS or are to be determined (TBD) after the contract is executed, include:

- A. An identification of the functions, activities and responsibilities that you intend to assign to each subcontractor and/or independent consultant.
- B. A description of the process that you will use to obtain DHS approval of each subcontractor and/or independent consultant selection along with approval of their budgeted costs and assigned responsibilities.

h. Special Consultative Services Employees

The Department has identified seven (7) professional classifications of expertise that may be needed for Special Consultative Services. These services would be engaged on an hourly basis upon agreement between the Contractor and the Department.

The seven (7) classifications are:

**Biostatistician**  
**Business Analyst**  
**Information Technology Analyst**  
**Physician Consultant**  
**Epidemiologist**  
**Nurse Consultant**  
**Actuary**

- 1) For each of the listed classifications noted above, please provide either of the following.

A resume for any special consultant(s) you would make available. Clearly indicate the position the consultant would fill. Identify the consultant and indicate that a resume has been placed in the appendix section of the proposal. The resume should provide at a minimum the information requested in K, 3, h, 1, i through K, 3, h, 1, v of this RFP (page 23 & 24). To the extent possible, resumes should not include personal information such as a social security number, home address, home telephone number, marital status, sex, birth date, age, etc.

For any identified consultant for which a resume is not available or provided, please provided the information below in h, 1, i through h, 1, v below. Clearly title each position being described. Provide all the information requested about the individual being described before continuing to the next individual or specialty. If the Proposer intends to subcontract any or all of the specialty personnel, then the subcontractor should provide the information requested for any personnel they would supply. Please indicate that the proposed consultant or Subcontractor information has been placed in the appendix section of the proposal.

- i. Name of the qualified personnel intending to consult in this area.

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|---|--|
| <b>U.S. Mail, Hand Delivery or Overnight Express:</b>   | <b>Fax:</b>  |
| <b>Withdrawal Request for RFP 01-16170</b><br>Department of Health Services<br>Office of Medi-Cal Procurement<br>P.O. Box 942732<br>600 North 10 <sup>th</sup> Street, Suite 240 C<br>Sacramento, CA 94234-7320 | <b>Withdrawal Request for RFP 01-16170</b><br>Office of Medi-Cal Procurement<br>Attn. Nathan Greve<br><br><b>Fax: (916) 323-7456</b> |

**[For faxed withdrawal requests]** Proposers must call (916) 322-7406 to confirm receipt of a faxed withdrawal request. Follow-up the faxed request by mailing or delivering the signed original withdrawal request within 24 hours after submitting a faxed request.

An originally signed withdrawal request is generally required before DHS will return a proposal to a Proposer. DHS may grant an exception if the Proposer informs DHS that a new or replacement proposal will immediately follow the withdrawal.

## 2. Resubmitting a Proposal

After withdrawing a proposal, Proposers may resubmit a new proposal according to the proposal submission instructions. Replacement proposals must be received at the stated place of delivery by the proposal due date and time.

## 3. Contract Award and Protests

### a. Contract Award

- 1) Award of the contract, if awarded, will be to the responsive and responsible Proposer, who earns the highest total score. The highest scored proposal will be determined after DHS adjusts Proposer scores for applicable bidder preferences.
- 2) DHS shall award the contract only after DHS posts a Notice of Intent to Award for five (5) working days. DHS expects to post the Notice of Intent to Award before the close of business on October 3, 2002 at the following location:

Office of Medi-Cal Procurement  
 600 North 10th Street, Suite 240 C  
 Sacramento, CA 95814

and

Department of Health Services  
 Contract Management Unit  
[1800](tel:18003rd) 3rd Street, Room 455  
 Sacramento, CA 95814

- 3) DHS will mail or fax a written notification and/or a copy of the Notice of Intent to Award to all firms that submitted a proposal.

- a) A non-manufacturer with 100 or fewer employees and average annual gross receipts of ten million dollars or less over the previous three years, or
- b) A manufacturer with 100 or fewer employees.
- c. Firms desiring small business and/or microbusiness certification must obtain a Small Business Certification Application (STD 813) from the Department of General Services, [Office of Small Business and DVBE-Program Certification](#), fully complete the form, and return it to the Department of General Services [Office of Small Business and DVBE Program Certification](#). Bidding firms desiring small business certification assistance, may contact the Department of General Services by the following means:
  - 1) (916) 327-9978 (24 hour recording and mail requests), or
  - 2) (916) 375-4940 (live operator), or
  - 3) Internet address: <http://www.dgs.ca.gov/osber> <http://www.dgs.ca.gov/smbus> or
  - 4) Fax: (916) 375-4950, or
  - 5) E-mail: [osbcrhelp@dgs.ca.gov](mailto:osbcrhelp@dgs.ca.gov)

## V. Contract Terms and Conditions

The winning Proposer must enter a written contract that may contain portions of the Proposer's proposal, Workplan, Scope of Work, standard contract provisions, the contract form, and the exhibits identified below. Other exhibits, not identified herein, may also appear in the resulting contract.

The exhibits identified in this section contain contract terms that require strict adherence to various laws and contracting policies. A Proposer's unwillingness or inability to agree to the proposed terms and conditions shown below or contained in any exhibit identified in this RFP may cause DHS to deem a Proposer non-responsive and ineligible for an award. DHS reserves the right to use the latest version of any form or exhibit listed below in the resulting agreement if a newer version is available.

The exhibits identified below illustrate many of the terms and conditions that may appear in the final agreement between DHS and the winning Proposer. Other terms and conditions, not specified in the exhibits identified below, may also appear in the resulting agreement. Some terms and conditions are conditional and may only appear in an agreement if certain conditions exist (i.e., contract total exceeds a certain amount, Federal funding is used, etc.).

In general, DHS will not accept alterations to the General Terms and Conditions (GTC), DHS' Special Terms and Conditions, the Scope of Work and other exhibit terms/conditions. Also, in general DHS will not accept alternate language that is proposed or submitted by a prospective Contractor. DHS may consider a proposal containing such provisions "a counter proposal" and DHS may reject such a proposal as non-responsive.

[Attachment 14](#)**MEDI-CAL CONTRACTED HEALTH PLANS**

| <u>Plan Name</u>                                      | <u>Contract Type</u> | <u>Counties of Operation</u>   |                             | <u>Subcontracting Plans</u>  |
|---|----------------------|--------------------------------|-----------------------------|--|
| <a href="#">Blue Cross of California</a>              | <a href="#">CP</a>   | <a href="#">Alameda</a>        | <a href="#">Kern</a>        |  |
|   |                      | <a href="#">Fresno</a>         | <a href="#">Santa Clara</a> |  |
|   |                      | <a href="#">Contra Costa</a>   |                             |  |
|   |                      | <a href="#">San Joaquin</a>    |                             |  |
|   |                      | <a href="#">San Francisco</a>  |                             |  |
|   | <a href="#">GMC</a>  | <a href="#">Sacramento</a>     |                             |  |
|   | <a href="#">GMC</a>  | <a href="#">San Diego</a>      |                             |  |
|   | <a href="#">LI</a>   | <a href="#">Stanislaus</a>     |                             |  |
|   | <a href="#">LI</a>   | <a href="#">Tulare</a>         |                             |  |
| <a href="#">Health Net</a>                            | <a href="#">CP</a>   | <a href="#">Fresno</a>         |                             | <a href="#">Molina &amp; Universal Care (LA only)</a>  |
|   |                      | <a href="#">LA</a>             |                             |  |
|   |                      | <a href="#">Tulare</a>         |                             |  |
|   | <a href="#">GMC</a>  | <a href="#">Sacramento</a>     |                             |  |
|   | <a href="#">GMC</a>  | <a href="#">San Diego</a>      |                             |  |
| <a href="#">Kaiser Foundation HP/ North</a>           | <a href="#">GMC</a>  | <a href="#">Sacramento</a>     |                             |  |
| <a href="#">Kaiser Foundation HP/ South</a>           | <a href="#">GMC</a>  | <a href="#">San Diego</a>      |                             |  |
| <a href="#">Molina Healthcare</a>                     | <a href="#">GMC</a>  | <a href="#">Sacramento</a>     |                             |  |
|   | <a href="#">CP</a>   | <a href="#">San Bernardino</a> |                             |  |
|   |                      | <a href="#">Riverside</a>      |                             |  |
| <a href="#">Alameda Alliance for Health</a>           | <a href="#">LI</a>   | <a href="#">Alameda</a>        |                             |  |
| <a href="#">Contra Costa Health Plan</a>              | <a href="#">LI</a>   | <a href="#">Contra Costa</a>   |                             |  |
| <a href="#">Health Plan of San Joaquin</a>            | <a href="#">LI</a>   | <a href="#">San Joaquin</a>    |                             |  |
| <a href="#">Inland Empire Health Plan</a>             | <a href="#">LI</a>   | <a href="#">Riverside</a>      |                             |  |
|   |                      | <a href="#">San Bernardino</a> |                             |  |
| <a href="#">Kern Family Health Care</a>               | <a href="#">LI</a>   | <a href="#">Kern</a>           |                             |  |
| <a href="#">L.A. Care Health Plan</a>                 | <a href="#">LI</a>   | <a href="#">Los Angeles</a>    |                             | <a href="#">Blue Cross</a><br><a href="#">Care First Health Plan</a><br><a href="#">Community Health Plan</a><br><a href="#">Kaiser Permanente</a><br><a href="#">UHP Healthcare</a> |
| <a href="#">San Francisco Health Plan</a>             | <a href="#">LI</a>   | <a href="#">San Francisco</a>  |                             |  |
| <a href="#">Santa Clara Family Health Plan</a>        | <a href="#">LI</a>   | <a href="#">Santa Clara</a>    |                             |  |
| <a href="#">Cal Optima</a>                            | <a href="#">COHS</a> | <a href="#">Orange</a>         |                             |  |
| <a href="#">Health Plan of San Mateo</a>              | <a href="#">COHS</a> | <a href="#">San Mateo</a>      |                             |  |
| <a href="#">Partnership Health Plan of California</a> | <a href="#">COHS</a> | <a href="#">Solano</a>         |                             |  |
|   |                      | <a href="#">Yolo</a>           |                             |  |
|   |                      | <a href="#">Napa</a>           |                             |  |
| <a href="#">Santa Barbara Health Authority</a>        | <a href="#">COHS</a> | <a href="#">Santa Barbara</a>  |                             |  |
| <a href="#">Central Coast Alliance for Health</a>     | <a href="#">COHS</a> | <a href="#">Santa Cruz</a>     |                             |  |
|   |                      | <a href="#">Monterey</a>       |                             |  |
| <a href="#">Western Health Advantage</a>              | <a href="#">GMC</a>  | <a href="#">Sacramento</a>     |                             |  |
| <a href="#">Community Health Group</a>                | <a href="#">GMC</a>  | <a href="#">San Diego</a>      |                             |  |
| <a href="#">Sharp Health Plan</a>                     | <a href="#">GMC</a>  | <a href="#">San Diego</a>      |                             |  |
| <a href="#">UCSD Health Plan</a>                      | <a href="#">GMC</a>  | <a href="#">San Diego</a>      |                             |  |
| <a href="#">Universal Care</a>                        | <a href="#">GMC</a>  | <a href="#">San Diego</a>      |                             |  |

[CP: Commercial Plan](#)[GMC: Geographic Managed Care](#)[LI: Local Initiative](#)[COHS: County Organized Health System](#)

